

# How To Process Initial and Renewal Applications for SMI A and SMI B Customers Referred by ADHS

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**A. Introduction** ADHS refers applications for customers who have a serious mental illness (SMI) to SSI-MAO. The Tribal/Regional Behavioral Health Authority (Tribal/RBHA) and/or their subcontracted behavioral health providers help customers with the application process, including obtaining and providing the required financial and medical documentation.

The Tribal/RBHA designee screens and only refers to SSI-MAO when the person:

- Has income less than 100% FPL;
- Is an Arizona resident; and
- Is a U. S. citizen or qualified non-citizen.

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**B. SMI Categories** For processing purposes only, SSI-MAO separates SMI individuals into two categories, SMI A and SMI B, based on the functioning level on the SMI Determination Summary and the Renewal Verification forms from the Tribal/RBHA. Each SMI category requires a different method for following up with the required medical documentation.

The Tribal/RBHA designee does not forward medical documentation when the customer is:

- Age 65 or older, or
- Receives Social Security Disability (Title II) benefits.

This chart shows how to identify the SMI category and what medical documentation is needed from the Tribal/RBHA:

Category	Functioning Level	Medical Documentation Needed from Tribal/RBHA
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<b>SMI A</b>	<p>Meets the functional criteria for:</p> <ul style="list-style-type: none"> <li>• Inability to live in an independent living setting <b><u>or</u></b></li> <li>• Risk of serious harm to self or others</li> </ul>	<p><b>At <u>Initial</u> Application:</b></p> <ul style="list-style-type: none"> <li>• SMI Determination Summary</li> </ul> <p><b>At <u>Renewal</u></b></p> <ul style="list-style-type: none"> <li>• Renewal Verification (form MA-435) that gives the current functional limitation.</li> </ul> <p><b><u>For Special Review:</u></b></p> <ul style="list-style-type: none"> <li>• The AHCCCS Medical Benefit Disability Report, form DE-121, (see section I) and</li> <li>• Medical records and progress notes dated within the last year that identifies the current functioning level. If the medical records are more than 3 months old, then updated progress notes dated within the last 3 months are needed.</li> </ul>
<b>SMI B</b>	<ul style="list-style-type: none"> <li>• <u>Does not</u> meet the functional criteria for SMI A, but</li> <li>• Does meet the function criteria for: <ul style="list-style-type: none"> <li>○ Dysfunction in role performance <b><u>or</u></b></li> <li>○ Risk of deterioration</li> </ul> </li> </ul>	<p><b>At <u>Initial</u> Application:</b></p> <ul style="list-style-type: none"> <li>• SMI Determination Summary;</li> <li>• Medical records within the last year that support and validate the SMI Determination Summary and current functioning level. If the medical records are more than 3 months old, then updated progress notes dated within the last 3 months are needed; and</li> <li>• AHCCCS Medical Benefit Disability Report form DE-121. (A copy of the SSA Disability Report [SSA-3368-BK form] completed within the past year, may substitute for the DE-121.)</li> </ul> <p><b>At <u>Renewal/Diary Date Due:</u></b></p> <ul style="list-style-type: none"> <li>• Renewal Verification (form MA-435) and medical documentation to verify the current functional limitation with supporting medical documentation, such as progress notes; and</li> <li>• Based on Diary Date Due previously established by DDSA, a Report of Continuing Disability (DE-123).</li> </ul>

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**C. WTPY Requests**

Request a WTPY for all SMI initial and renewal applications.

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**D. Initial Eligibility**

For persons that are already determined disabled as verified by the WTPY, make the eligibility decision when the customer meets the financial requirements.

For applications referred by ADHS for persons who are **not** already determined disabled, normal DDSA procedures are waived prior to initial approval. Use the case processing guidelines below:

If the customer...	Then...
<ul style="list-style-type: none"><li>• Is age 65 or over, or</li><li>• Already disabled per the WTPY</li></ul>	<ul style="list-style-type: none"><li>• Document ACE</li><li>• Approve eligibility</li><li>• Notify the referring Tribal/RBHA designee of the approval using form MA-434</li><li>• Complete a renewal in 12 months.</li></ul>
<ul style="list-style-type: none"><li>• Meets the financial eligibility requirements, and</li><li>• The Tribal/RBHA provides the required medical documentation</li></ul>	<ul style="list-style-type: none"><li>• Document ACE</li><li>• Approve presumptive eligibility</li><li>• Notify the referring Tribal/RBHA designee of the approval using form MA-434</li><li>• For SMI B, forward the DE-121 form and medical documentation to DDSA for a medical determination. Refer to <i>How to Complete a DDSA Referral</i>.</li><li>• Follow-up on the DDSA decision per instructions in section F.</li><li>• Complete a renewal in 12 months</li></ul>
<ul style="list-style-type: none"><li>• Does <b>not</b> meet the income guidelines</li></ul> <p><b>Note:</b> Do not pursue obtaining the medical documentation when the customer's income exceeds the limit.</p>	<ul style="list-style-type: none"><li>• Deny SSI-MAO</li><li>• Send the notice of action to the customer;</li><li>• Notify the referring Tribal/RBHA designee of the denial using form MA-434.</li></ul>
<ul style="list-style-type: none"><li>• Does not have sufficient financial or medical documentation needed to determine eligibility</li></ul>	<ul style="list-style-type: none"><li>• Do not approve presumptively.</li><li>• Go to section E for instructions on requesting additional information.</li></ul>

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**E. Requesting Additional Information**

If the Tribal/RBHA does not provide the financial or medical documentation needed to make a decision, then follow the guidelines below.

Step	Action						
1	<p>Send the Request for More Information (form MA-433) to the referring Tribal/RBHA designee named on the AHCCCS Application Checklist/Coversheet (ADHS form AE-02). Give the Tribal/RBHA designee 10 days to provide the information.</p> <table> <tr> <th>If the Tribal/RBHA designee...</th><th>Then...</th></tr> <tr> <td>Provides the requested information</td><td> <ul style="list-style-type: none"> <li>• For SMI A, retain medical documentation in the case file.</li> <li>• For SMI B, forward the medical documentation to DDSA (refer to section F)</li> <li>• Continue case processing</li> </ul> </td></tr> <tr> <td>Does not provide the requested information by the deadline</td><td>Go to step 2</td></tr> </table>	If the Tribal/RBHA designee...	Then...	Provides the requested information	<ul style="list-style-type: none"> <li>• For SMI A, retain medical documentation in the case file.</li> <li>• For SMI B, forward the medical documentation to DDSA (refer to section F)</li> <li>• Continue case processing</li> </ul>	Does not provide the requested information by the deadline	Go to step 2
If the Tribal/RBHA designee...	Then...						
Provides the requested information	<ul style="list-style-type: none"> <li>• For SMI A, retain medical documentation in the case file.</li> <li>• For SMI B, forward the medical documentation to DDSA (refer to section F)</li> <li>• Continue case processing</li> </ul>						
Does not provide the requested information by the deadline	Go to step 2						
2	<p>Send the Request for More Information (form MA-433) directly to the customer or the authorized representative. Give the customer or authorized representative 10 days to provide the information.</p> <table> <tr> <th>If the customer...</th><th>Then...</th></tr> <tr> <td>Provides the requested information</td><td> <ul style="list-style-type: none"> <li>• For SMI A, retain medical documentation in the case</li> <li>• For SMI B, forward the medical documentation to DDSA (refer to section F)</li> <li>• Continue case processing</li> </ul> </td></tr> </table>	If the customer...	Then...	Provides the requested information	<ul style="list-style-type: none"> <li>• For SMI A, retain medical documentation in the case</li> <li>• For SMI B, forward the medical documentation to DDSA (refer to section F)</li> <li>• Continue case processing</li> </ul>		
If the customer...	Then...						
Provides the requested information	<ul style="list-style-type: none"> <li>• For SMI A, retain medical documentation in the case</li> <li>• For SMI B, forward the medical documentation to DDSA (refer to section F)</li> <li>• Continue case processing</li> </ul>						

Does not provide the requested medical documentation by the deadline	<ul style="list-style-type: none"> <li>• Document ACE</li> <li>• Deny SSI-MAO using “Disabled/Blind – Not”</li> <li>• Suppress the notice</li> <li>• Issue a manual notice MA-532 using the denial reason “You did not provide us with the medical documentation we needed to make a decision.” Legal references: 42 CFR 435.514; AAC R9-22-1501; R9-22-1502. (A manual notice is only needed until an ACE generated notice becomes available with the reason “DDSA-Not Completed”.)</li> <li>• Refer the application to DES for an AC determination, if the customer’s income is less than 100% FPL. See <i>How to Refer a Customer with a Serious Mental Illness to DES for a Decision</i>.</li> <li>• Notify the Tribal/RBHA designee of the referral to DES using the MA-434.</li> </ul>
Does not provide the requested financial information by the deadline	<ul style="list-style-type: none"> <li>• Document ACE</li> <li>• Deny SSI-MAO using “Income not verified” (or other appropriate reason)</li> <li>• Issue the notice</li> <li>• Notify the referring Tribal/RBHA designee of the denial using form MA-434.</li> </ul>

**F. SMI DDSA Process**

If the customer is not already determined disabled per the WTPY, follow the procedures below to refer to DDSA *after* the presumptive approval.

- Refer all individuals with an SMI B diagnosis to DDSA
- Refer individuals with an SMI A diagnosis to DDSA only when the individual has been selected for sample review. This is explained in section G.

Take the following steps when you receive the DDSA decision.

Step	Action
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1	Document the DDSA decision in the ACE comments.						
2	<p>Take the following action based on the DDSA decision</p> <table border="1"> <thead> <tr> <th>If DDSA...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Approves medical eligibility</td><td> <ul style="list-style-type: none"> <li>• Enter the Diary Date on the Eligibility tab in the Personal Data window in ACE.</li> <li>• No further action is needed.</li> </ul> </td></tr> <tr> <td>Determines not disabled</td><td> <ul style="list-style-type: none"> <li>• Forward the application to DES. See <i>How to Refer a Customer with a Serious Mental Illness (SMI) to DES for a Decision</i></li> <li>• Do not discontinue SSI-MAO while DES is processing the referred application</li> <li>• Notify the Tribal/RBHA designee of the referral to DES using the MA-434</li> <li>• After receiving the DES decision discontinue the SSI-MAO according to the guidelines outlined in <i>How to Refer a Customer with a Serious Mental Illness (SMI) to DES for a Decision</i>:</li> </ul> </td></tr> </tbody> </table>	If DDSA...	Then...	Approves medical eligibility	<ul style="list-style-type: none"> <li>• Enter the Diary Date on the Eligibility tab in the Personal Data window in ACE.</li> <li>• No further action is needed.</li> </ul>	Determines not disabled	<ul style="list-style-type: none"> <li>• Forward the application to DES. See <i>How to Refer a Customer with a Serious Mental Illness (SMI) to DES for a Decision</i></li> <li>• Do not discontinue SSI-MAO while DES is processing the referred application</li> <li>• Notify the Tribal/RBHA designee of the referral to DES using the MA-434</li> <li>• After receiving the DES decision discontinue the SSI-MAO according to the guidelines outlined in <i>How to Refer a Customer with a Serious Mental Illness (SMI) to DES for a Decision</i>:</li> </ul>
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3	Maintain all SMI cases in the designated unit.						
4	Complete the renewal process when due.						

#### G. SMI A Sample Review

For reporting requirements, SSI-MAO must complete the DDSA referral process on a sample of approved persons referred by Tribal/RBHAs that meet the definition of SMI A. From an internal report, SSI-MAO randomly selects these persons to refer to DDSA.

For these sample cases:

- Send a request (form MA-433) to the Tribal/RBHA designee asking for updated medical documentation. Check the box that indicates the completed AHCCCS Medical Benefit Disability Report (form DE-121) is being requested for audit review;
- Compile a DDSA packet when all medical documentation is received (see *How to Complete a DDSA Referral*);
- Forward the medical documentation to DDSA for a determination; and
- Follow up with the DDSA decision according to instructions in section F.

**H. SMI A  
Renewals**

Request help from the Tribal/RBHA designee when processing the renewal for individuals diagnosed as SMI. Send the:

- Request for More Information (form MA-433). Mark the appropriate boxes on the form to ask for all verifications needed;
- Renewal application form; and
- Renewal Verification from the Tribal/Regional Behavior Health Authority (form MA-435).

If the Tribal/RBHA designee does not provide the requested information, then request the information directly from the customer. (Refer to section E, step 2 for instructions.)

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**I. SMI B  
Renewals/  
Diary Date  
Due**

Request help from the Tribal/RBHA designee when processing a renewal or when the disability Diary Date is due. Send a renewal application form and the Request for More Information (form MA-433). Mark the boxes on the form asking the Tribal/RBHA designee to:

1. Help the customer fill out the attached application form;
  2. Return proof of income for the period needed;
  3. Return the Renewal Verification (form MA-435) to verify the current functional limitation; and
  4. If Diary Date Due, help the customer fill out the Report of Continuing Disability (form DE-123).
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